
COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

STENT AUS MENSCHLICHEM ODER TIERISCHEM GEWEBE

SPECIFICATION IDENTIFICATION

The specification was filed on November 27, 2001, as Serial No. 09/ , .

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent .

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Stephen L. Grant	33,390
R. Eric Gaum	39,199
Eryn R. Ace	44,491
Robert J. Clark	45,835
John D. DeLong	44,648
Michael H. Minns	31,985
Scott M. Oldham	32,712
Mark A. Watkins	33,813
Alexander D. Bommarito	44,036
Edwin W. Oldham	22,003

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Stephen L. Grant
330-864-5550

Stephen L. Grant
Twin Oaks Estate
1225 W. Market Street
Akron, OH 44313

Customer Number 021324

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Prof. Dr. Max Schaldach – deceased

Inventor's signature _____

Date _____ **Country of Citizenship** Germany

Residence Erlangen Germany

Post Office Address Turnstrasse 5, D-91054 Erlangen Germany

■■■■■■■

Andreas Becker

Inventor's signature _____

Date _____ **Country of Citizenship** Germany

Residence Erlangen Germany

Post Office Address Zeppelinstrasse 20, D-91052 Erlangen Germany

■■■■■■■

Harald Barthel

Inventor's signature _____

Date _____ **Country of Citizenship** Germany

Residence Erlangen Germany

Post Office Address Artilleriestrasse 40, D-91052 Erlangen Germany

SIGNATURE BY LEGAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR
(37 CFR sections 1.42 and 1.43)

I, Dr. Max Schaldach, Jr., hereby declare that I am a citizen of Germany, residing at Wangenheimstrasse 45, D-14193 Berlin, Germany, and that I am executing and signing the declaration to which this is attached as legal representative (or heirs) of:

Prof. Dr. Max Schaldach

Country of Citizenship:

Germany

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: _____

Signature of legal representative (or all heirs)

FOI b 7 - D 930660